



Region IV Florida HOSA
Regional Dues Form
Membership Dues: \$3.00

School Name: _____

Chapter Name: _____

Advisor(s) Name _____

Members registered for National HOSA: # _____
(attach a copy of the national roster with registration)

Number of Students _____ x \$3.00 = \$ _____
(Regional dues must be paid by each National HOSA member)

Number of Advisors _____ Advisors do not pay Regional dues

Make check payable to: **Region IV HOSA**
Send Regional dues to :
Samantha Thompson
Region IV HOSA
Lake Gibson High School
7007 N. Socrum Loop Rd
Lakeland, FL 33809

*Please note that National and State Dues must be sent directly to National HOSA.